

Agent Information	NAME Last:		NAME First:		NAME Middle:	
	Date of Birth: / /				Social Security Number: - -	
	Home Address:				City/State/Zip:	
	Are you a U.S. Citizen?		Home Telephone Number:		Business Telephone Number:	
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		BIRTHPLACE City:		BIRTHPLACE State:	
Business	Business Name:					
	Street Address:				City/State/Zip	

I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors of the above business and to perform all obligations of such agency under the provisions of City of Dunwoody Code Chapter 4, Article 2, and Section 11(i). I also consent to the required criminal background investigation in order to serve as a registered agent.

The owner(s) or an officer of the corporation must authorize the person shown above to be their agent. It is the owner's responsibility to maintain a registered agent who lives in DeKalb County. Please attach a cashier's check or money order for \$50.00 payable to City of Dunwoody to cover the background investigation. Failure to maintain a registered agent shall be grounds for suspension or revocation of your alcoholic beverage license.

Licensee Name		Two Pictures taken within the last year are required. Attach one picture of the agent here on each form.
Licensee's Signature	Date	
Owner's Name		
Owner's Signature	Date	
Officer's Name	Title	
Officer's Signature	Date	